

## STATE OF NEW HAMPSHIRE

### 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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NOV 02 2017

|                    |  | DEPARTMENT OF STATE  |
|--------------------|--|--|
| oration, if any:   |  |  |
| ociation (NHS      | AA)  |  |
|                    |  |  |
| Concord            | NH   | 03301  |
| Γown/City)         | (State)  | (Zip Code)   |
| 25-3225<br>(Fax)   | e-mail_carl@nh   | saa org  |
| ttributable to a   | ny one client).  |  |
| ·                  | ,  |  |
| iding the lobbyis  | t's family), or the lobbyin  | g firm listed below which are  |
| 3/31/17 a          | July 26, 2017  | 7  |
| ı                  | January 31, 2018 [] activity from 10/1/17 to 12/31   | 1/17   |
|                    |  |  |
|                    |  |  |
|                    |  | =  |
|                    |  | •  |
| tical contribution | ns, you must file Addendu  | im C- Political Contributions  |
|                    | y swear or affirm that the   | foregoing information is true  |
|                    | cociation (NHS. ration)  Concord fown/City)  25-3225  (Fax)  Coarate reports for the inteributable to an inthe prior to the inteributable transfer and | cociation (NHSAA)  ration)  Concord  NH  Town/City)  C5-3225  CFax)  CFax)  CFax  CF |

# PLEASE PRINT

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

| I. Name of Lobbyist(s) Dr. Carl M. Ladd   |   |  |  |
|---|---|--|--|
| II. Name of lobbyist's partnership, firm or corporation, if any:  |   |  |  |
| (Name of partnership, firm or corporation)  |   |  |  |
| III. Name of Client NH School Administrators Association (NHSAA)  | Date 10 - 30 - 17   |  |  |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The greduced by any expenses:   | t relations, or public relations service  |  |  |
| a) Total of all fees received in this reporting period  | a) \$7,588.00   |  |  |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y  | b) \$3,794.00<br>ear)   |  |  |
| c) Total of all fees received to date (Add lines a and b)   | c) \$11,382.00  |  |  |
| d) Indicate the amount of any such fees that are due, but have not yet been paid  | d) \$   |  |  |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each of the lobbyist(s)/firm that are unrelated to any one client a separate report of Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for example lunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums, contributions will be reported on separate addendums and should not be reported. | client and if expenditures are made be may be filed for the lobbyist(s)/firm aggregate total of all expenses pair expenses; (b) the aggregate total of alle: meals purchased during a business sthan \$10 that is given to the person with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political |  |  |
| a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.   | a) \$   |  |  |
| b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.   | b) \$   |  |  |
| c) Total of all itemized expenditures reported in detail in section VI.   | c) \$   |  |  |

| d) Total expenses for this reporting period (Add lines a, b and c)   | d) \$                                  |
|--|--|
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)     | e) \$                                  |
| f) Total of all expenses year to date  | f) \$                                  |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leading period, including by whom paid or to whom charged. | obbying fees during this reporting     |
| Paid to:   | Amount:                                |
|  | \$                                     |
| <u> </u>   | \$                                     |
|  | \$                                     |
|  | \$                                     |
|  | \$                                     |
|  | \$                                     |
|  |  |
| Sworn Statement/Affirmation by Lobbyist  |  |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.  (Signature of lobby 1st)   | that the foregoing information  (Date) |
| Carl M. Ladd (Print Name of lobbyist)  |  |

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

| Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:   |
|---|
| Name of Lobbying partnership, firm, or corporation:   |
| Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any  |
| particular client): New Hampshire School Administrators Association (NHSAA)   |
| Date of Report (check one):   |
| April 26, 2017 □ July 26, 2017 □ October 25, 2017 □ January 31, 2018 □  |
| I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted): |
| Addendum A(s).  |
| Addendum B(s).  |
| Addendum C(s).  |
| I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  (Signature of lobbyist)  (Date)                      |
| Carl M. Ladd  |
| (Print Name of lobbyist)  |